

APPLICATION FOR 21ST DRUG COURT

Date: _____

Applicant's Full Name: _____

Social Security No: _____ Date of Birth: _____

Sex: _____ Race: _____

Address: _____

Are you currently in jail? _____ If so, what is your release date? _____

If not in jail, how can you be contacted? _____

What is your lawyer's name? _____

What are your current charges? _____

What is your Docket No. _____

Do you have a pending court date? _____

Which court/judge? _____

List any previous convictions: _____

Please return to: Gayle Moyer Harris, Drug Court Coordinator
1909 Columbia Avenue, Franklin, Tn. 37064
Phone: (615) 595-7868 Fax: (615) 595-1362